

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County... Frederick
 City or town... Rural, Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 8 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Drummer

3. (b) Social Security Number

213-14-8302

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Kunigunda Alt Drummer
 6. (c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) July 25 - 1865
 8. AGE: Years 81 Months 10 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Germany
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Don't know
 13. Birthplace Germany
 14. Maiden name Don't know
 15. Birthplace Germany

16. Informant Oscar M. Drummer
 Address Centerville Maryland

17. Burial Date thereof Jan. 2 - 47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Matthews
 Location On Canal St Baltimore Md

18. Funeral director Bailey Bros
 Address Centerville Maryland

19. 1 - 2 - 1947 Elbie Armetrong
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 101 N. Belvidere
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 19 46 at 10 40 AM

I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2 19 46 to Dec 31 19 46 and that I last saw him alive on Dec 31 19 46

Immediate cause of death Metastatic adenocarcinoma of the stomach
 DURATION 7400
 Due to Adenocarcinoma of the stomach
 Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Tumor of the stomach Date of op. 1946
 Autopsy results Biopsy Metastatic adenocarcinoma
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Kurt Lederer M.D. M. D. or other _____
Greenhaus Date signed 1/2 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12584

2520

1. PLACE OF DEATH:

County Queen Anne
 City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Queen Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Francis Delane Moore

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Fluence Blodis

6.(c) If alive, give age 32 years
 7. Birth date of deceased (mo., day, yr.) April 8th 1914

8. AGE: Years 32 Months 9 Days 21 It less than one day _____ hrs. _____ min.

9. Birthplace Near Queen Anne
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Harry A. Moore

13. Birthplace Queen Anne, Ind.

14. Maiden name Lara Willis Moore

15. Birthplace Salat County, Ind.

16. Informant Harry A. Moore (Father)

Address Queen Anne, Ind.

17. Buried Date thereof 1-2-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenston Cemetery

Location Greenston, Ind.

18. Funeral director J. Virgil Moore & Son

Address Deublin, Ind.

19. 1-2-47 Elin Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1946, at 11 52 A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1941 to Dec. 31 1946

and that I last saw him alive on Dec. 31 1946

Immediate cause of death Tuberculosis of the lungs

DURATION 10 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Harry A. Moore M. D.

M. D. or other _____

Address Queen Anne, Md. Date signed 1/2/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Queen Anne's
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? one week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Roy Pittenhouse4. Sex M.5. Color or race W.6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Harold C. Pittenhouse6. (c) If alive, give age 27 years7. Birth date of deceased (mo., day, yr.) April 25, 18708. AGE: Years 76 Months 7 Days 28 If less than one day hrs. min.9. Birthplace Ohio
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Samuel C. Pittenhouse13. Birthplace Ohio14. Maiden name Sarah Hart15. Birthplace Ohio16. Informant Harold C. PittenhouseAddress Queen Anne's, Md.17. Burial Date thereof Dec 26, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory WheatonLocation Near Exeter, Md.18. Funeral director W.D. BartAddress Exeter, Md.19. 12/25 19 46 N.H. Reeves
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SackittCity or town Rumors
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec 23 19 46 at 3 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/1/1946 to 12/23/1946 and that I last saw him alive on 12/14/1946Immediate cause of death Cerebral jaundice DURATION 2 weeksDue to Due to Other conditions Diabetes mellitus 10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE B. Cox M. D. or other M.D.Address Exeter, Md. Date signed 12/24/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

12348

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County Queen Anne's
 City or town P.O. Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 60 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town P.O. Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Rosa Virginia Sheubrooks

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife J. O. Sheubrooks
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) Oct. 6, 1876
 8. AGE: Years 70 Months 2 Days 21 If less than one day
 hrs. min.

9. Birthplace Prer Queen Anne's Co. Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Sparks

13. Birthplace Queen Anne's Co Md

14. Maiden name Sarah Catherine West

15. Birthplace Queen Anne's Co Md

16. Informant J. O. Sheubrooks

Address P.O. Centerville, Maryland

17. Burial Date thereof Dec 29, 46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Christfield

Location Centerville Maryland

18. Funeral director Barton Bros

Address Centerville, Maryland

19. Dec 28-1946 Elise Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 46 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 19 46 to Dec 27 19 46
 and that I last saw him alive on Dec 26 19 46

Immediate cause of death Intestinal obstruction
obstruction

DURATION

21 days

Due to Benignized Carcinoma of abdomen
7 abdomen

3-4 mo

Due to Carcinoma of transverse colon
colon

6 mo -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations 2 tumors of transverse colon
Colon Grade IV multiple tumors Date of op. Sept 24, 1946

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. R. Barton MD
 M. D. or other

Address Centerville Md Date signed 12-29-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

1. PLACE OF DEATH:

County Queen Anne's
 City or town Crumpton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County ga.
 City or town Crumpton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

May Chew Sparks

3. (b) Social Security Number

219-14-3941

4. Sex F 5. Color of race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife W. J. Sparks

7. Birth date of deceased (mo., day, yr.) June 19, 1865 6. (c) If alive, give age _____ years

8. AGE: Years 81 Months 4 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business _____

12. Name Levi S. Chew13. Birthplace M. J.14. Maiden name Ann Hoffmeyer15. Birthplace Md.16. Informant Esther McQuinn

Address Crumpton Md.

17. Burial Date thereof Dec. 15, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crumpton

Location Crumpton Md.

18. Funeral director Edgar L. Lane

Address Church Hill Ind.

19. Dec 15 19 46 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12, 1946 at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Dec 12, 1946 and that I last saw him alive on Dec 11, 1946

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to Cerebral Arteriosclerosis

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work?

23. SIGNATURE @ M. H. Calpe

Address Fultonville Md. M. D. or other _____

Date signed 12/15/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

CERTIFICATE OF DEATH

 12350 2520
 Reg. Dist. No.

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? see his life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war none

3. (a) FULL NAME

William Ellsworth Wilson

3. (b) Social Security Number

none

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Mary Julia Edwards
 6. (c) If alive, give age 59 years
 7. Birth date of deceased (mo., day, yr.) July 15 - 1871
 8. AGE: Years 75 Months 10 Days 6 If less than one day
 hrs. min.

9. Birthplace Queen Anne's Co. Maryland
 (Town, county, and state)
 10. Usual occupation Fisherman & Lobster

11. Industry or business

12. Name William Wilson

13. Birthplace Queen Anne's Co. Md

14. Maiden name Ellen Riley

15. Birthplace Queen Anne's Co. Md

16. Informant Mary Julia Wilson

Address Centerville Maryland

17. Buried Date thereof Dec 26 - 46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Chesfield

Location Centerville Maryland

18. Funeral director T. Eaton Tiers

Address Centerville, Md.

19. 12-24- 19 46 Clare Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 - 46 19 46 at 6:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Since 1 - 46 19 46 to Dec 21 - 46 19 46

and that I last saw him alive on 19 46

Immediate cause of death Myocardial Regurgitation

Due to Myocardial Regurgitation

Due to Myocardial Regurgitation

Other conditions Myocardial Regurgitation

(Include pregnancy within 3 months of death)

Major findings of operations Myocardial Regurgitation

Date of op. Myocardial Regurgitation

Autopsy results Myocardial Regurgitation

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Myocardial Regurgitation Date of Myocardial Regurgitation

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Myocardial Regurgitation

Means of injury Myocardial Regurgitation Injured at work?

Signature W. Henry Fraher

M. D. or other Myocardial Regurgitation

Address Centerville Md Date signed 12/24/46

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UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C.

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